

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>gh</i>		<i>4/13/18</i>
O.I.P.E. CLASSIFIER		<i>8</i>	<i>4-20-00</i>
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW		<i>60574</i>	<i>10-23-10</i>

INDEX OF CLAIMS

✓ Rejected N Non-elected
 " Allowed I Interference
 - (Through numeral) ... Canceled A Appeal
 + Restricted O Objected

BEST AVAILABLE COPY

Claim	Date
Final Original	
1	<i>4/13/18</i>
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions
 staple additional sheet here

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